

**STATE WATER RESOURCES CONTROL BOARD - DIVISION OF FINANCIAL ASSISTANCE
MINORITY BUSINESS/WOMEN BUSINESS ENTERPRISE (MBE/WBE) UTILIZATION
FEDERAL CLEAN WATER GRANT OR STATE REVOLVING FUND PROGRAM**

1. All purchases for this contract are completed. Check here [<input type="checkbox"/>]		2. Grant/Agreement No:		3. REPORTING QUARTER (Check one):				4. TOTAL ACCUMULATED PAYMENTS PAID TO CONTRACTOR:		
				Jan.-Mar.	April-June	July-Sept	Oct-Dec	\$		
5. PURCHASE PERIOD UNDER THIS LOAN CONTRACT:							6. TOTAL PAYMENTS TO PRIME CONTRACTOR THIS QUARTER:			
START DATE: _____ ENDING DATE: _____							\$			
7. RECIPIENT'S NAME AND ADDRESS:							8. RECIPIENT'S CONTACT PERSON AND PHONE NUMBER:			
9. MBE/WBE PAYMENTS PAID BY PRIME CONTRACTOR DURING REPORTING QUARTER (AMOUNT(S) INCLUDED IN BOX NO. 6.)										
PURCHASE MADE BY RECIPIENT/ CONTRACTOR	BUSINESS ENTERPRISE DOLLAR VALUE OF PROCUREMENT		DATE OF AWARD (M/D/Y)	PRODUCT TYPE CODE (BELOW)	NAME AND ADDRESS OF MBE/WBE CONTRACTOR/SUBCONTRACTOR OR VENDOR					
	MBE	WBE								
TOTALS	\$	\$								
10. COMMENTS:										
11. SIGNATURE AND TITLE OF RECIPIENT'S AUTHORIZED REPRESENTATIVE								12. DATE		

Return to:
Barbara August
 State Water Resources Control Board
 Division of Financial Assistance
 P.O. Box 944212
 Sacramento, CA 94244-2120

PRODUCT OR SERVICES CODES:

1 = Agriculture	5 = Transportation
2 = Mining	6 = Wholesale Trade
3 = Construction	7 = Retail Trade
4 = Manufacturing	8 = Finance, Insurance, Real Estate

9 = Services
 a = Business Services
 b = Professional Services
 c = Repair Services
 d = Personal Services

Tel. (916) 341-6952
 Fax: (916) 341-5707

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DIVISION OF FINANCIAL ASSISTANCE
MINORITY BUSINESS/WOMEN BUSINESS ENTERPRISE (MBE/WBE) UTILIZATION
FEDERAL CLEAN WATER GRANT OR STATE REVOLVING FUND LOAN
INSTRUCTIONS FOR COMPLETING THE UR 334**

- Box 1** Check this box only if *all* procurements (purchases) under this financing agreement or grant have been completed either during the reporting quarter or a prior quarter. If you check this box, we will no longer send you quarterly surveys.
- Box 2** State Revolving Fund Project Number.
- Box 3** Mark the appropriate quarter. If you are sending data for more than one quarter, copy the form and prepare multiple reports. (Note: reporting the information in the proper quarter is not as important as collecting and reporting all MBE/WBE purchases.)
- Box 4** Enter the total amount of payments paid to the contractor including previous quarters.
- Box 5** Enter the dates between which you plan to make procurements under the agreement or grant.
- Box 6** Enter the total dollar amount of payments paid to prime contractor for this reporting quarter. This total includes MBE, WBE, sub-contractor payments shown in box no. 9.
- Box 7** Enter the recipient or grantee name and address.
- Box 8** Enter the recipient or grantee contact person's name and phone number.
- Box 9** Enter details for the MBE or WBE purchases *only* and be sure to limit them to the same period used for Box 6. 1) Use either an "R" or a "C" to represent "Recipient" or "Contractor." 2) Enter a dollar total for either MBE or WBE and total the two columns at the bottom of the section. 3) Provide an award date. 4) Enter a product type choice from those at the bottom of the page. 5) List the vendor name and address in the right-hand column.
- Box 10** This box is for explanatory information or questions.
- Box 11** Provide an authorized representative signature
- Box 12** Enter the date of completion.